

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 14, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of HIRO88, 601 'R' Street Suite 100 requesting a class C liquor license.

Milton Yin has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a previously approved liquor license holder.

The required training has not been completed.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



Trade Name (doing business as) HIRO 88

Street Address #1 601 R Street, Suite 100

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68508

Premise Telephone number 402-598-5168 (Milton Yin Cell Phone)

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Milton Yin

Street Address #1 307 South 169th Circle

Street Address #2 _____

City Omaha

State NE

Zip Code 68154

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length _____ feet

Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Applicant is seeking license for sale of alcohol both indoors and outdoors in the private property and public property patio seating areas (See Attachment 1-A).

Applicant intends to submit a Sidewalk Cafe Application to the Lincoln City Clerk for the public patio seating area.

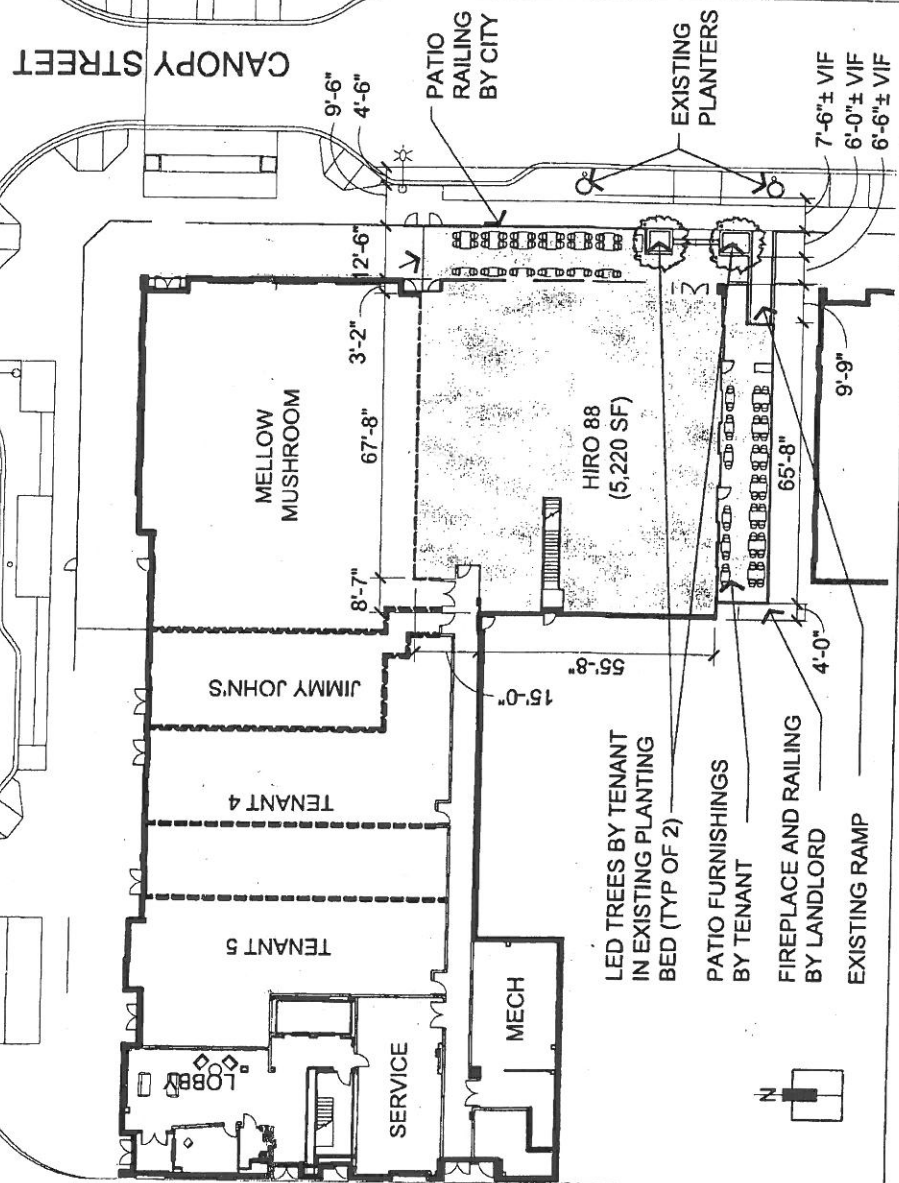
It is the Applicant's intent that alcohol will be consumed in the area outlined in red as shown on Attachment 1-A.

It is intended that alcohol sold by Applicant shall also be consumed in the leasable outdoor area and common outdoor area as shown on Attachment 1-B and pursuant to an Application for Entertainment District License submitted by Applicant's landlord or the landlord's designee when and if the application is approved and a license issued.

PUBLIC PATIO AREA 900 SF
 PRIVATE PATIO AREA 801 SF
 TOTAL PATIO AREA 1,701 SF

R STREET

CANOPY STREET



SITE PLAN

1

SCALE: 1" = 40'-0"

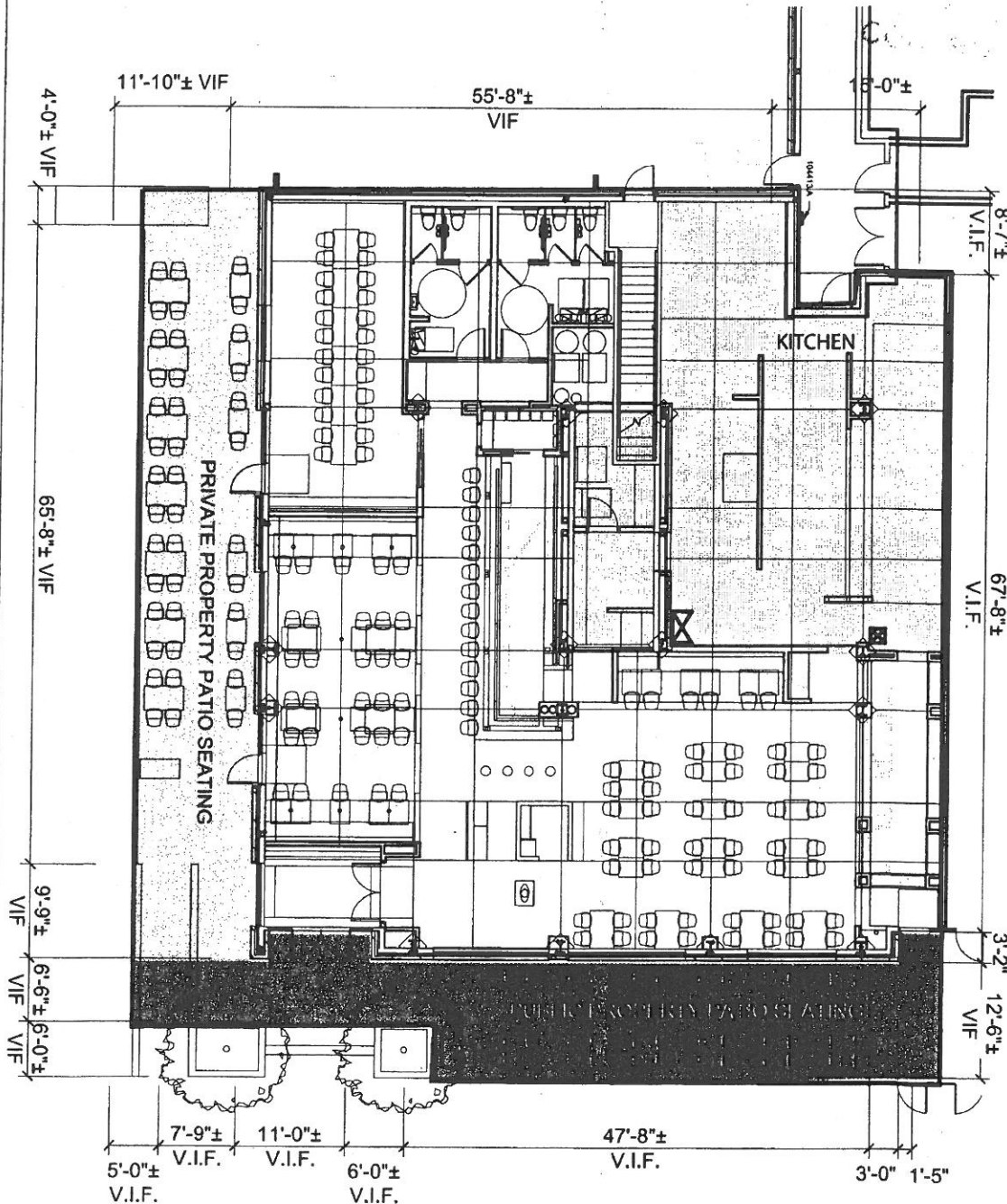
PROJECT NUMBER: 11086

FILE LOCATION: DRAWINGS\CURRENT\A0.1

DATE: 05/31/2013

ALLEY+POYNER
 MACCHIEITO
 1516 Cumming Street
 Omaha, NE 68102
 Ph: 402.341.1544
 Fx: 402.341.4735
 o@eypoyner.com

ATTACHMENT 1-A



LEASE SPACE	A-2 ASSEMBLY GROUP	5,220 S.F.
PRIVATE PATIO AREA	A-2 ASSEMBLY GROUP	801 S.F.
PUBLIC PATIO AREA	A-2 ASSEMBLY GROUP	900 S.F.

2

FLOOR PLAN

SCALE: 1/16" = 1'-0"

PROJECT NUMBER: 11086

FILE LOCATION: DRAWINGS\CURRENT\TXR_11086_LAYOUT

DATE: 05/31/2013

ALLEY-POYNER
MACCHIETTO

1516 Cuming Street
Omaha, NE 68102
Ph: 402.341.1544
Fx: 402.341.4735
alleypayner.com

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See Attachment 2				

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Mutual of Omaha Bank

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person) On record w/License #102044, 5/21/13
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Name of Registered Agent: Michael K. Huffer

Name of Limited Liability Company: Yin Family, LLC

LLC Address: 3655 N. 129th Street

City: Omaha State: NE Zip Code: 68164

LLC Phone Number: 402-598-5168 (Milton Yin Cell Phone) LLC Fax Number: N/A

Name of Managing/Contact Member: Yin Last Name: Yin First Name: Milton MI: _____

Home Address: 307 South 169th Circle City: Omaha

State: NE Zip Code: 68154 Home Phone Number: 402-598-5168

Milton Yin

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

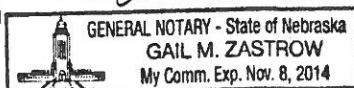
4th day of June, 2013

by

Milton Yin
name of person acknowledge

Date Gail M. Zastrow

Affix Seal



List names of all members and their spouses (even if a spouse has not been submitted)

Last Name: Yin First Name: Milton MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Norma Yin

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 38%

Last Name: Yin First Name: Norma MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Milton Yin

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 37%

Last Name: Yin First Name: Charles MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Jennifer Cooke

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 10%

Last Name: Yin First Name: Danny MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): Anita Yin

Spouse Social Security Number: Date of Birth:

Percentage of member ownership 5%

List names of all members and their spouses (even if a spouse is deceased, for whom submitted).

Last Name: Yin First Name: David MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Jane Yin
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 5%

Last Name: Yin First Name: Dennis MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 5%

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

Manager's Information

Gender: ☒ MALE

☐ FEMALE

Last Name: Yin

First Name: Milton

MI:

Home Address (include PO Box if applicable): 307 South 169th Circle

City: Omaha

County: Douglas

Zip Code: 68154

Home Phone Number: 402-598-5168

Business Phone Number:

Social Security Number:

Drivers License Number & State:

NE

Date Of Birth:

Place Of Birth: Korea

☒ YES

☐ NO

Spouse's Information

Spouses Last Name: Yin

First Name: Norma

MI:

Social Security Number:

Drivers License Number & State:

NE

Date Of Birth:

Place Of Birth: Korea

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	'03	'13	Omaha, NE	'03	'13

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
'09	'13	HIRO88	Myself as Owner	402-598-5168
'04	'13	HIRO SUSHI	Myself as Owner	402-598-5168

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See Attachment 2				

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO
IF YES, list the name of the premise.
See Attachment 3
3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO
4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)
☐ YES ☒ NO On record w/License #102044, Salt88, 5/21/83
5. List any alcohol related training and/or experience (when and where).
Imperial Palace and Imperial Palace Express for 20 years; HIRO SUSHI '04-Present & HIRO88 '09-Present

0. Military

OPERATORS LICENSE

M 508 170

BRO **BLK**

MILTON S. YIM

307 S 100TH CIR

OMAHA NE 68118



COMMITTEE

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITOLAR

PASSE
PASSE
PASAPORTE

NIA
SURBURNS

Surname / Nom / Nachname
YIN

MILTON SHIH

Nationality / Nationalité / Nacionalidad
Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento

Lugar de nacimiento

KOREA

Date of Issue / Date de parution: 22 Feb 2012

Date of expiration / Validity: 24 Feb 2022

Entendiments / Mentions Spéciales / Anotaciones

SEE PAGE 27

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U.S.A.

